

CARD #s _____

CASH/CHECK#/DAILY _____

PROOF OF RESIDENCY _____

TOWN OF CORNWALL WADING POOL
SWIMMING POOL PASS REGISTRATION

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

I am a resident of the Town of Cornwall. I understand that all pool rules must be obeyed at all times and that any infraction of the rules and regulations governing the use of the Cornwall Swimming Pool shall be cause for refusing this application or revoking the ID cards. I realize that admittance will be granted only if capacity of pool allows.

Date

Signature (must be 18 years of age)

List all names of family members using wading pool ages 5 and under:

Name: _____ Age: _____

1. _____

2. _____

3. _____

4. _____

5. _____